

# P.O. BOX



## Update on the Happenings of HCFA's Managed Care Systems and Support Operations

### Health Plan Payment and Operations Support, CHPP - Health Care Financing Administration

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## ADDITIONAL PAYMENTS FOR HOSPICE MEMBERS

Your managed care organization (MCO) may be due additional payments for members electing hospice coverage.

Beginning January 1, 1999, Medicare +Choice Organizations (M+COs) were required to send Adjusted Community Rate (ACR) information for each plan benefit package offered. This data is housed in the HCFA's Health Plan Management System

(HPMS).

Many M+COs offer multiple benefit packages under each of their Medicare contracts. If hospice benefits are provided in any or all of these packages, they may be subject to different payment rates. For example:

H9999

Package A Hospice Rate = \$0

Package B Hospice Rate = \$100

Package C Hospice Rate = \$200

Currently, the managed care system can only calculate payment based on one hospice rate per contract.



HCFA's policy staff mandated that payments to M+COs be made based on the lowest nonzero hospice rate. This means that, following the example above, H9999 was reimbursed at the \$100 rate for all of its hospice members, regardless of which package the member was actually enrolled.

Until HCFA systems can be

updated to establish payment at multiple hospice rates, HCFA will allow annual reconciliations to make proper hospice payment adjustments. The basis for these reconciliations will be the membership data your M+CO provides for each of its benefit packages. From March 3, 2000 through May 31, 2000, the Hospice Rate Reconciliation module in HPMS will be available for this purpose. M+COs should enter data for CY 1999 during this period.

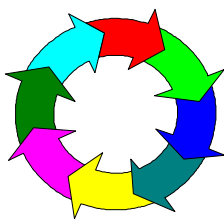
After May 31, 2000, the managed care system will receive this data from HPMS and begin to create adjustments, if appropriate. M+COs can expect to see these payment adjustments by the end of the summer.

See Operational Policy Letter (OPL) 2000.115, Requirements to Support the Reconciliation of Payments to Managed Care Organizations (MCOs) for their Hospice Members, for additional information.

## ESRD PAYMENT ISSUES TO M+COs

There are two ESRD issues affecting proper capitation payment to Medicare managed care organizations (MCOs).

The first issue involved the 12/99 erroneous termination of ESRD



periods for beneficiaries who are still receiving dialysis treatment.

This problem occurred when HCFA attempted to correct an internal system problem. We have been informed by the Office of Clinical Standard and Quality (the office that maintains the system) that a majority of the data was applied on March 9. Most records affected by the erroneous termination have been updated. This "fix" was performed prior to the March 10, 2000 cutoff. Therefore, M+COs will see the retroactive payment adjustments for these beneficiaries in their April payment.

The second issue involved the census data that HCFA requests twice a year (March and December) from ESRD Renal Networks. The census data confirms and updates the current renal status for each renal patient within a specific Network. HCFA inadvertently did not send a request for census data

December 1999. As a result, the missing census data caused some beneficiaries' renal coverage periods to terminate in error. A request for census data was sent to the ESRD Renal Networks this month and will be loaded in the system on or around March 30. This correction will initiate the payment adjustments for those beneficiaries incorrectly dropped from the ESRD status and will be reflected in the May payment to the M+COs.

## CONTRACT YEAR 2001 ACRP SUBMISSIONS

As you know, we are quickly approaching the start of the Contract Year (CY) 2001 Adjusted Community Rate Proposal (ACRP) renewal season. On **April 6, 2000**, HCFA will release the CY 2001 ACR and Plan Benefit Package (PBP) via the Health Plan Management System (HPMS). This HPMS functionality will enable managed care organization (MCO) users to build their CY 2001 plan structures and download their ACR spreadsheets, PBP software, and corresponding instructions. On **June 1, 2000**, the HPMS will begin accepting CY 2001 ACRP renewal submissions. All risk-based

MCOs must submit all CY 2001 ACRP renewals to the HPMS no later than **July 3, 2000**.

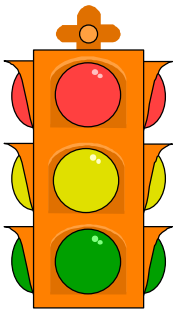
<sup>1</sup>HCFA requires that MCOs access the HPMS by establishing connectivity to the Medicare Data Communications Network (MDCN). After achieving MDCN connectivity, Medicare *plus* Choice Organizations (M+COs) will access the HPMS at the following URL: <http://32.82.208.82/>. M+COs should refer to [OPL99.101](#) for technical direction regarding the migration to the MDCN for HPMS access.

*1 HCFA requires all users obtain a HCFA Identification Tracking System (HITS) User ID in order to access the HCFA Data Center (HDC) and HPMS. HCFA uses the HITS user ID to authenticate user access rights and apply appropriate security levels. You may use your same User ID to access HPMS that you use to connect to the HDC to transmit data or access PICs. If you do not already have an HDC User ID and password but need HPMS access only, please contact Don Freeburger at either 410-786-4586 or [DFreeburger@hcfa.gov](mailto:DFreeburger@hcfa.gov) to obtain a User ID for HPMS access.*

## RETROACTIVE

## PAYMENT FOR WORKING-AGED TRANSACTIONS ON THE GROUCH REPORT

We recently received calls from M+C plans about missing working-aged retro payments on their Reply Listing and Monthly Membership reports. The incident occurred on the December 1999 and March 2000 payment months. These missed retro-payments should appear on the January 2000 and April 2000 payment months, respectively. Our initial investigation indicated that files were not received on time for processing on the Group Health Plan (GHP) system. We are investigating the matter to determine the cause of files being delayed and to take the appropriate measures. We apologize for any inconvenience.



## OODLES OF

## DISCOVERIES

### RETROACTIVE PAYMENT ADJUSTMENTS FOR TERMINATED WORKING AGED PERIODS

When are we going to get paid for those working aged transactions we submitted to HCFA? First, you must determine if the Working Aged transaction has been posted on the Common Working File (CWF). Secondly, you must take a look at the Maintenance Date (MTE DTE) shown in the CWF MSPD detail record. This date indicates the last time the CWF record was updated or changed. For example, if MSPD detail record shows a MTE DTE date of 05/07/1999, this becomes the date the record was last updated. Note: This date is different from the TRM DTE (termination date) used to terminate a period of Working aged. Thirdly, allow two or three months from MTE DTE shown on the CWF to receive any payment adjustments for terminated working-aged periods. Remember that you may see multiple open periods of working-aged activity. If these periods overlap in dates, you

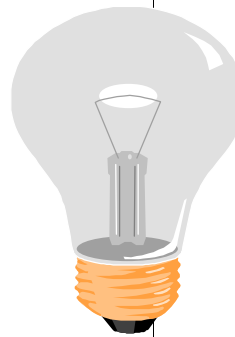
must send a working aged transaction for each period you want to terminate. A full retro-payment adjustment will be applied on the Group Health Plan (GHP) system once period(s) of working aged are terminated on the CWF and updated on the GHP.

### REASSIGNMENT OF CWF SOUTHWEST HOST SITE DATABASE

The Common Working File (CWF) Southwest Host Site has moved its database from Blue Cross and Blue Shield of Texas data center to Blue Cross and

Blue Shield of South Carolina (BCBSSC). As a result of this move, some Health Maintenance Organizations (HMOs) have incurred a minor problem in accessing the CWF CICS screen at BCBSSC. The problem occurred because the

menu **OPTION #7** was not changed to reflect the new name. Because menu **OPTION #7** to the new access control block has not been changed, the HMOs must first enter CWFHMO and then enter **#57**. By entering **#57** they will be connected to BCBSSC. **This database move and the resulting new login change affected only the HMOs assigned to the Southwest Host Site.**



To minimize the impact, the Southwest Host Site help desk called the HMOs' persons listed on their contact list. All contacted HMOs were given the default password and the new HCFA procedure for accessing the new host site. However, since some HMOs changed their telephone numbers and did not forward these new numbers to the host site help desk, they were not made aware of the database move and the new login requirements. For these HMOs, the host site had to wait until the HMOs contacted the host site.

Should an HMO need only to have a password reset, they should call 877-363-8896 directly. For any other access issue, the HMOs will still need to contact Health Plan Payment and Operations Support staff team at HCFA.